SHELBY COUNTY BOARD OF COMMISSIONERS APPLICATION FOR APPOINTMENT TO ELECTED OFFICE

Nam	Shirkey A. Thornson
Offic	e Address:
Offic	e Phone;
Facsi	
	Address: Sthornto C Dellsouth. Net
Hom	Address: H-774 Neavel Rd.
	MemphisTN 38109
Home	Phone: 901-785-9384
Cellu	lar Phone: 901-649-5881
DDA	PROCEDULATION OF THE PROCESS OF THE
	FESSIONAL BACKGROUND & EXPERIENCE
1.	Indicate your present employment. What is the principal business of the business?
2.	List your prior professional or business employment since completion of high school and lasting more than twelve months with dates and names of employers than Estate
3.	Describe any experience not stated above that you would like to bring to the attention of the Commission.

PERSONAL INFORMATION

State	the county in which you are registered to vote. She by
in eac	Il states in which you have lived in the past 20 years and the dates you lived h state, including all periods in which you resided in a state more than 50% time for a period of at least 12 months.
State	your age and date and place of birth. 55, 8/6/53, Monroe &
List ti	ne following:
a)	Drivers License No.
b)	Election Commission Voter Registration No. Do Not have w/me —
Famil	y Status:
a)	State the full pame and present address of your spouse. William Indended.
	4714 Weaver Rd; Memphis (IN 30
b)	State your spouse's occupation and place of employment. Bue Collar + United States Posta!
c)	If you have children, state their name(s), age(s), address(es) and present occupation(s). All Adults
	v Service:

			11/1
a)	Branch of service:	/	VA
			161/0
b)	Service number:		NH
		T	Alla
c)	Dates of active duty	<i>I</i> *	IVIA
42			11/1
d)	Rank/rate at separat	ion:	/V/H ,
e)	The second second		11/4
·)	Decorations, honors	, or achievements:	
20000000000000000000000000000000000000	-		
		-	A 1/10
(f)	Was your discharge o	ther than honorable	NIH
	If so, explain.		-/

Have	VOI) ever plad willer	haan aa-si-t-i	/
viola	tion of any law, regulation	over convicted or an	re you not on diversion fo
Give	date, court, charge and c	DH OF OFGINANCE!	
13110	vace, court, charge and c	usposition.	
		_	
To yo	our knowledge, are you r	now under federal, s	state or local investigation f
possi	ble violation of a crimin	al statute? If so, give	e details.
			N/H
			1
Tave	you ever been interview	ed by any federal st	tate or local law enforceme
agenc	y for any reason other th	ian mipo, teaffic vic	plations? If so, give details
		NO	17,817
If you	have been disciplined a	e citad for business at	E allino Company
condu	ict by a court administra	of theu for preach of	f ethics or unprofessional lipary committee, or other
profes	ssional group, give detai	le agency, discipi	in a companie, or other
	South Princetti	2.5.	7//
CTon		17.1	
notite	rod agains	a tax lien or other c	collection procedure been
uistitt	nted agains you by feder	ai, state or local aut	inorities or creditors?
fea	give details.		
N. S. S.	MIAC GENERALE		

you now an officer or director of any business organization, or are you rwise engaged in the management of any business enterprise?
If so, give details, including the name of the enterprise, the nature of business, the title or other description of your position, the nature of duties, and the terms of your service.
Do you consider continuation of such business involvement to be a conflict of interest?
our income is not wholly derived from your present employment as not sove, specify in detail the other sources of your income and the approximage of your total income each source represents.
all organizations to which you have belonged within the last ten years, ding professional associations, civic, charitable, religious, educational raternal organizations. Give the titles and dates of any offices which y held in such organizations.

fc	гат	0			iagogues	110	
a))	If so, list s limitation.	such organiza	ations and describ	pe the basis of	the members	ship
b))	from any p	participation	on to resign from in their activities are applying, sta	should you b	e selected for	vithdra r the
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	ist ea cludi	ch college,	law school, attendance,	and other gradua	and major.	ch you have a	attende
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- vermont	*****************						
HEV	EMI	ENIS					
Li	st ho	nors, prizes	s, awards, or ar graduation mplishments.	other forms of re or college which	ecognition wh	ich you have related to	
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Li re pr	ist ho ceive rofess	nors, prizes d since you ional accor	ar graduation mplishments.	or college which	are directly	related to	
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Lii ne pr	st ho ceive ofess st pre- ars.	nors, prizes d since you ional according to severations with the severations of the public off int. Include	you have ma	ade to groups and	organization	s within the p	e or
Lii ne pr	st pre-	nors, prizes d since you ional according to severations with the severations of the public off int. Include	you have ma	ade to groups and	organization	s within the p	past fiv

Describe an government	y experience you have had with legislative or executive branch
	V/H
feel will be	experiences, personal involvements, or talents that you have to fassistance to the Commission in evaluating and understanding this elected position. (150 words or less).
feel will be	of assistance to the Commission in evaluating and understanding
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In the event any material changes occur between the time this application is filed and the public hearing, I hereby agree to file an amended application with the Board of Commissioners for distribution to the commission members.

I understand that the information provided in this application shall be open to inspection upon filing with the office of the Shelby County Board of Commissioners and that the

Commission may publicize the names of persons who apply for appointment and the names of those persons the Commission considers for the vacancy in question.

I knowingly, willingly and without reservation waive any right or privilege relative to the Tennessee Bureau of Investigation and/or the Shelby County Sheriff and/or the Shelby County Attorney background investigation, including any financial or other oredit information enclosed, conducted for the purpose of review by the Commission, and any other investigation that may be conducted for the purpose of review by the Commission.

I understand I have the individual right at any time to contact credit reporting agencies and exercise my rights under the law to make corrections.

Signature

Printed name

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

Attorney and any and all agents or persons authorized by it, to conduct a full review and disclosure of all records concerning myself, whether said records are public, private, or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, financial or credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and/or

ratings), and other financial statements and records wherever filed, medical and psychiatric treatment, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and records of lawsuits, criminal or civil, in which I presently have, or have had an interest. I specifically waive any right of privacy to which I might otherwise be entitled under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I also certify that any persons who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said persons from any and all liability which may be incurred as a result of furnishing such information. I further specifically release the Tennessee Bureau of Investigation and/or the Shelby County Sheriff and/or the Shelby County Attorney and/or the Shelby County Board of Commissioners from any and all liability which might otherwise be incurred as a result of collecting or receiving such information.

I have read and fully understand the contents of this Authorization for Release of Information.

Shiple A. Industry (Arta) 4714 Menural Address

Print Full Name of Applicant (include maiden) Address

Signature Phone: 90/44588/

Witness Date of Birth:

Date